

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 091980,434	FILING DATE
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		4					55	
6		4					56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23	/						73	
24		/					74	
25		/					75	
26		/					76	
27	/						77	
28		/					78	
29		/					79	
30		/					80	
31		4					81	
32		/					82	
33		/					83	
34		/					84	
35		/					85	
36		/					86	
37		/					87	
38		/					88	
39		/					89	
40		/					90	
41		/					91	
42		/					92	
43		/					93	
44		/					94	
45		/					95	
46	/	/					96	
47		/					97	
48		/					98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	54						TOTAL DEP.	
TOTAL CLAIMS	58						TOTAL CLAIMS	